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THE MIDWIFERY PROBLEM

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FROM the earliest period of civilization the midwife has played an important part in the making of history. She has been associated with the birth of kings and emperors, as well as with the birth of the lowly, therefore to trace the history of her development is to trace the history of mankind. It is highly probable that in these early stages women of superior qualities practised this art, and it has only been with the development of the obstetrician that the midwife has been pushed into the background and partially eclipsed. With the advance of civilization and the progress in medical science, the act of giving birth has grown to be regarded as an abnormal condition, rather than a normal one, consequently the function of the midwife has now been restricted by law to attendance at normal cases only, and all abnormalities must be referred to a properly registered physician.

At the present time the word "midwife," in America, at least, is one to which considerable odium is attached, and immediately creates a mental picture of illiteracy, carelessness and general filth. We find the midwife in the country districts in the South in the form of a middle-aged colored woman, who has, perhaps, increased the population some twelve or fifteen times, herself, and is, therefore, expected to "know all about it," and in the mountainous regions, where some old mother goes to her neighbor when in need and ministers to her wants to the best of her knowledge and belief. In our great cities the midwife swarms in great numbers and plies her trade among the foreign population. She represents all the nationalities on the face of the globe. She may be well trained, and with a diploma from a foreign school, or she may not be, but she practises just the same. If there happen to be laws governing her practice, she may make an effort to comply with them, but through ignorance, she may not even know of their existence, or there may be no enforcement of such laws. In one of our largest and most progressive cities, the midwife is forbidden by law to practise, yet by some strange interpretation she is required by law to register all births occurring in her practice.

For years in America the medical profession has fought the midwife,

struggled to suppress her, restrict her, eliminate her and what not, yet the midwife continues to flourish. It seems strange that in America, the so-called "Home of the brave and the land of the free," she has met this reception, when the older countries of Europe have for many years recognized her, and made provision for her education and registration. Is it to be wondered at that we find her in the present state of universal ignorance and filth? The foreign-born woman and the woman of the less fortunate classes have the inherited prejudices of centuries against a "man midwife." They want and need a woman; this attitude is founded upon a mass of what seem to them excellent reasons, largely economic ones. To such women childbirth is usually a normal process, they do not vex their minds with thoughts of possible complications, moreover, they are generally poor, and must get all they can for the pittance they have saved or borrowed to meet the event. The midwife renders to her patient the double service of physician and nurse, therefore she wants her and will have her. This prejudice is so deeply rooted that it seems impossible to uproot even after years of association with America and American ways.

There seems little chance of eliminating the midwife except by education of both the midwife and the people. If the problem of infant mortality is to be solved through intelligent motherhood, as one writer asserts, it would certainly simplify matters if we could remove from our midst the midwife, as she is generally exemplified, and confine all the obstetrical work to highly trained obstetricians and lying-in hospitals. It will take years of education to swing the pendulum as far as this; moreover, deplorable as conditions may be which follow in her wake, as far as puerperal sepsis, ophthalmia, neonatorum, etc., are concerned, we cannot lay all the blame "at her door;" it is no worse than the work of the careless and unscrupulous medical practitioner as statistics have abundantly proved. This, too, is one of the problems for medical schools and medical associations to thrash out.

Dr. Whitridge Williams, through recent investigations made for a paper on "The Midwifery Problem," which was read at the last meeting of the Association for the Study and Prevention of Infant Mortality, held in Chicago, in November, showed a very unsatisfactory condition existing in the preparation of physicians for practising obstetrics. That their training was oftentimes very inadequate and haphazard was very plainly evident, and instead of showing the "midwife problem," the medical student problem, as far as obstetrical preparation is concerned, was in reality shown. Unsatisfactory as this may appear, it seems reasonable to believe that this problem can be left for solution with the

medical profession. The medical profession has for years recognized the dangers from this body of unskilled and untaught workers to the life and health of the individual child and the community as a whole. They have from time to time caused laws to be made and discussed with fervor and energy, yet the problem is still with us. The district and visiting nurses have also recognized the situation in all its lamentable aspects, while hospitals which have struggled with puerperal sepsis from criminal abortions and neglect, eye infections, and other conditions of careless handling have long borne the brunt of attempting to patch up the results of the work done by these incompetent and ignorant women.

In June, 1906, a very careful, painstaking and thorough study of this question was made in New York City, where the problem is particularly acute, under the auspices of the Public Health Committee of the Neighborhood Workers, of which Miss Wald, of the Henry Street Settlement, was chairman, by F. Elizabeth Crowell, a nurse. This gave such a graphic account of the deplorable conditions, that the present municipal law, making it compulsory for the Board of Health to systematically inspect and register midwives, was the outcome. This has resulted in bettering conditions, necessarily limited, however, as so far no standards of education have been established. In New York, for instance, the law requires that the midwife shall have seen twenty cases before she can be registered, where, and how, and under whom, so far, it matters not.

But what about the education of the midwife, pre-supposing that it has been decided not to eliminate her? Almost nothing apparently has been done in America. We hear of an occasional school under the auspices of some physician or group of physicians who give a course of lectures and who may or oftener may not provide any practical experience for the midwife. These are commercial schools, charging quite large sums, relatively speaking, for tuition, issuing eventually a very pretentious looking diploma, and aside from a course of didactic lectures little else is taught. Oftentimes the graduate from such schools may have never seen a delivery or cared for a mother and child. It seems almost incredible to call for registration before any provisions for education have been secured.

If 40 per cent. of all children are attended at birth by midwives, then we are trusting nearly one-half of the future citizens of our country at this critical period of their lives, to the tender mercies of a class of workers to whom we have offered no recognized opportunity for preparation and education. Every child has a right to demand, if it

could, the right to be properly cared for at this time, lest it enter life handicapped, therefore, to avoid future expense to the state of caring for a large number of unnecessarily handicapped children, would it not be wisdom for the state to shoulder this responsibility and provide for midwives:

(1) Education, (2) examination and registration, (3) supervision and control? The English law for controlling the practice of midwifery seems to furnish about as practical a system as any, and as the problem in America to-day is analogous to that formerly existing in England, it would not seem unreasonable to suppose that it might not be worked out along the same lines here.

The Committee on Prevention of Blindness, of the New York Association for the Blind, has through its Executive Secretary, Miss Van Blarcom, made a very comprehensive study of the question of midwifery from its standpoint, both abroad and in America. Quoting from a paper read by Miss Van Blarcom at the National Conference of Charities and Correction, held in St. Louis in 1910, we find the following suggestion:

"If the State Board of Regents (in New York) or Boards of Education in other states were to establish a standard to which all schools for midwifery were required to conform, an important step would be taken toward the adequate training of these women. Clinical material for teaching purposes might be secured by means of co-operation between such training schools and city and county or other public hospitals approved by the State Board of Regents or Boards of Education, or the entire training, both practical and theoretical, might better be given in maternity hospitals as it is in England."

The question of securing proper training for midwives is a serious one. Should this be under state or municipal direction? We find all kinds of schools, from the kindergarten to the college, including vocational and trades schools under public control and all offering free education. Why not a School of Midwifery? It is just as necessary that the child should be attended properly at birth, or well born, as it is that it should be given a free education later on. Therefore it would not be unreasonable to expect such schools to be supported from public funds. All such schools should have hospital facilities, as well as a well organized out-patient service, with a corps of competent teachers in attendance. If schools were conducted on a definite educational basis, it would be safe to predict that a higher class woman would attend and gradually the stigma attached to the name "midwife" would be removed.

This leads to the question of nurses entering the field. We have but to turn to the history of nursing in England to find that Florence Nightingale early advocated this training for nurses and, moreover, felt very strongly that it was the nurses' responsibility. We also find that since our English cousins superimposed this course upon her general training that she enhanced her value to the community and increased her prestige.

The large number of nurses engaged in district nursing are engaged in instructing the prospective mother and giving nursing care during pregnancy and puerperium. They find themselves seriously handicapped at times, not so much from lack of knowledge, but from lack of legal recognition. If our visiting nurses were also certified midwives would not the mothers and babies of the less favored classes be infinitely safer in their hands, than in the hands of the majority of midwives? If the nurse could secure the course of training and become registered, her largest field of usefulness would probably be in the district nursing association, as it would probably be the exception when she would practise midwifery independently. Is it not, after all, a public health question, a question of teaching the mother and starting the child out on the voyage of life as free from handicap as possible? So far, the nurse has not failed the community when public health questions have been forced upon her shoulders, neither will she draw back if this additional burden is laid upon her, and, after all, who is better able to carry it? By virtue of her special training in the care of the sick, in observation of symptoms, in bacteriology, hygiene, sanitation, dietetics, feeding of children and surgical technique, she is particularly well fitted to receive this higher technical training. Someone has suggested that she will encroach upon the territory of the obstetrician. Not at all, her superior training will enable her to distinguish abnormalities and serious symptoms far more quickly than does the partially trained midwife. It has been proven in England that far more calls are made upon the physician and greater discrimination shown in the selection of the physician since the nurses have practised midwifery than ever before, while the number referred to maternity hospitals and wards has increased very markedly.

Whether the American nurse will ever enter the ranks of midwifery, except as an obstetrical nurse, seems, at the present time, rather doubtful, yet nothing is impossible, as immediately upon opening the school at Bellevue Hospital for teaching and training midwives, several very unexpected applications were received from graduate nurses, who wished this special training, not to better prepare for obstetrical nursing, but to practice as midwives, particularly in the country districts and in the

cities under the protection of visiting nursing associations; for various practical reasons they were not considered. If "straws tell which way the wind blows," it shows that some nurses somewhere are interested and are thinking very seriously about the question, even to the extent of joining the ranks, and discouraging as the situation seems, it becomes our duty as nurses to help in every way toward the solution of the problem.

INFECTION AND IMMUNITY

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IN order to get a proper insight into the nature of infection and the processes of immunity, it is necessary to consider, in an elementary way at least, some of the principles of bacteriology.

The idea is prevalent that all bacteria are harmful, and therefore enemies to the comfort and existence of the human race. If you entertain such an opinion, I hope to disabuse your minds of the mistake, and on the contrary, to show wherein the large majority of them are truly benefactors to the animal kingdom.

Let us first get a clear definition of bacteria, that we may understand fully what is meant when we speak of them. The term includes the large group of minute vegetable organisms which multiply by transverse fission, and which are usually devoid of chlorophyl. The absence of chlorophyl in their composition separates them from the higher plant life, and causes them to seek organic matter for food and sustenance. We find a large variety of bacteria which subsist on dead organic matter. This class of organisms is called saprophytes. They are the benefactors to the human race above indicated. Strange as it may seem, without them our existence would be impossible. To elucidate this assertion, let me say that we cannot have decomposition, putrefaction, or fermentation, without their presence. They act as scavengers by removing from the earth deleterious substances that are inimical to health. They are the direct food producers for the vegetable kingdom, and the indirect food producers for the animal kingdom, in that they resolve dead animal and vegetable tissues into their end products, carbonic acid, ammonia, and water, which are taken up by the higher plant life and appropriated to its growth and development, thus furnishing food-stuff for man and the lower animals. Were it not for the sapro-